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tor, page 3 ofter death Pe moy IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examines must be faithed of ange TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in bishould be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be fill with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar removal. 24 deoth (requires that the MO or attending physician. TO HOSPITAL OR ATTENDING PHYSICIAN. The retained by the haspital

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1	-	STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 19	-	P 1	40	-1
REG. NO.	3	C	3	5

guha Davidson - Rang

		REGISTRAR				CERTIFIC	ALE UP DEATH	9	REG. NO.	0 0	U 1	9
		CEASED NAME	FIRST	MIDDLE	E	LAST		2e. DAT	E OF DEATH MON	NTH DAY	YEAR 2	2b. HOUR
	(14bF	OR PRINT)	Mary	C1	ar £	- B	ell .	Dece	mber 21,	1984		4:10 ^A
	3 SE)	(4 RACE		DATE OF B	IRTH		(IN YEARS LAST BIRTHDA	Y) IF UN		IF UNDER 24 HRS
		FEMAL		WHITE		MONTH.	2 1893		91	YRS		HOURS MIN.
00	76. BII	RTHPLACE (STATE	TE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY?	MARRIED [NEVER MARRIED	9 BALT	IMORE CITY OR C	OUNTY OF E	DEATH	
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7		estertov		(IF NOT IN SUCH FACE Kent & Qu	ILITY, GIVE STREET AD	DRESS)			JAL OCCUPATION WORK FOR MOST OF WO		DUSTRY	BUSINESS OR
7				OTHER INSTITUTION GIVE			spital	170	USEWIF	3		MAKER
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2	14.54	Md.	KE	NT IC	HESTERT		ES NO		REAN N	ECK V	ILLAC	3.
15	14 FA	THER'S NAME		MIDDLE	LAST	13.	MOTHER'S MAIDEN N	AME	MIDDLE		LAST	
6		JOHN	FRA		XTER		HNNIE		IESEL	150	TXTE.	
1		VAS DECEASED I		MED FORCES? 16b	SOCIAL SECURI	TY NO. 17	INFORMANT		ADDRESS	209 DE		
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				DUE TO, OR AS	CONSEQUEL	CE OF	10,	1		1		11
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1	MEDICAL	21d INJURY OC		21e PLACE OF IN	ACTORY OFFICE, FAR		LOCATION STREET		CITY OR TOWN		OUNTY	STATE
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		226. SIGNATUR)		DEC	GREE	-		-	22c. DATES	IGNED
		L	DU	Ilma.	in ,	m, 20	ATTENDING PHYSICIAN	DIRECT	CAL STAFF		12/2/	1/24
1		21d. PHYSICIAN	'S NAME LIVE O	PR PRIDE		22	Re ADDRESS)	1		11	61
1		LANG	re 1)	1 sehj	am1.	~ MI	O. Che	25/	NOON.	1/ (4	10 2	(105)
-		URIAL, CREMAT	ION, REMOVAL	23b. DATE		ME OF CEM	ETERY OR CREMATORY	23d L	OCATION MITY OR TOWN	cou	THIT	STATE
		Bucia	-	12/24/	14 CH	ESTER	. CEMETER		CHESTERT		KEUT	Ma.
34	24_5	WEBAL DIRECTO	V. Wu	12: D	GHES	TERTO	UN MACO	ATE REC'D.	BY REGISTRAR 25b	. 4	SIGNATU	

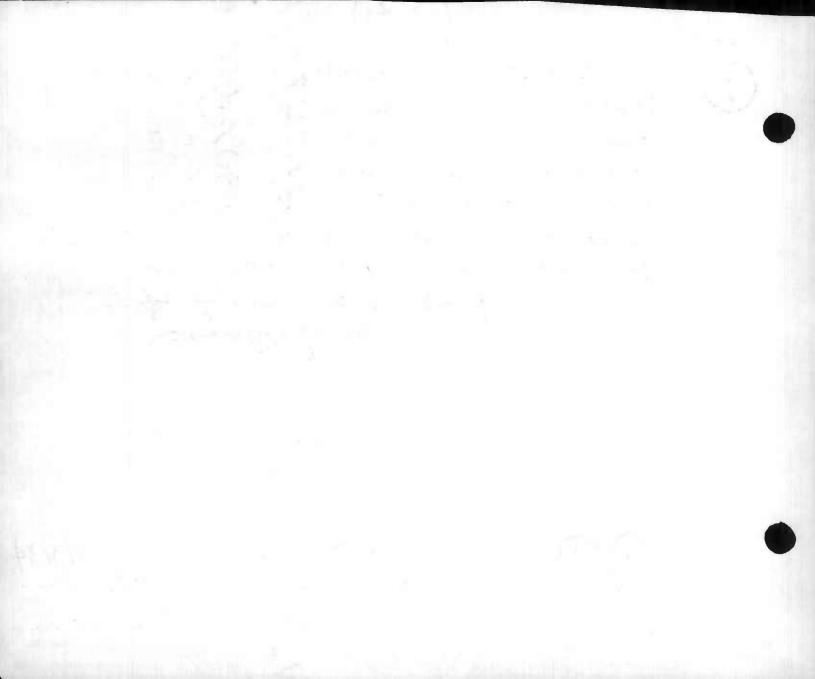
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		TE GISTRAR	DEPARTMENT OF HEALTH AND MENTAL H	REG. NO.
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3. S	Y/V	IALE	BACK S. DATE OF BIRTH S. DATE OF BIRTH DAYS, 1935	6. AGE (INYEARS LAST BIRTHDAY) FUNDER LYEAR IF UNDER MONTHS DAYS HOURS
35	BIRTHP		CITIZEN OF WHAT COUNTRY?	9 BALTIMORE CITY OR COUNTY OF DEATH
1 5		STELLUWN)	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION LE NOT IN SUCH FACILITY, ONE STREET ADDRESS! A NUCS HOS.	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
US 13e	UAL RE	SIDENCE (IF NURSING HOME OR OF THE STATE OF		13e.STREET ADDRESS / ZIP CODE 316 21
14.	FATHEF	OR VEL MX	DDLE CAULK 15. MOTHER'S MAIDEN N REST	ECCH MIDDLE TILIER
Do lea	(YES NO	DECEASED EVER IN U.S. ARMI	ED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT 1-1A	HIE CANIMC
event, the	18. 0	CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		Develed life of
ather traumatic	go	nditions, if any, which ve rise to immediate use (a), stating the derlying couse last.	DUE TO, OR AS A CONSEQUENCE OF HK TO THE TOTAL OF T	fyreverion
0	UIR	serrying coose last.		
, , , , , , , , , , , , , , , , , , ,	PAR		ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIVEN IN PART 110
٧, ٥٠	PAR			20a AUTOPSY? 20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA
CERTIFICATION	PAR 19a I	T 2. OTHER SIGNIFICANT CO	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY 21c. HOW INJURY OCC.	200 AUTOPSY? 206. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEAT
٧, ٥٠	PAR 19a I	DATE OF OPERATION ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH EITHER NOTIFY MEDICAL EXAMINER) IN JURY OCCURRED	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCC.	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA' YES NO YES NO
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MPORTANT; If Nem 21 is marked or men shows any injury, or men to the state of the s	PAR 19a 1 21a. OR 0 (# 21d white A 1 white A 22a 22a	DATE OF OPERATION ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH EITHER NOTIFY MEDICAL EXAMINER) IN JURY OCCURRED LE NOT WHILE CAUSE LE NOT WHILE CONTRIBUTIONS C	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 216. PLACE OF INJURY (A1 HOME STREET, FACTORY, OFFICE, FARM, ETC.) 217. HOUR ALM. MONTH DAY YEAR P.M. 19 218. HOW INJURY OFFICE, FARM, ETC.) 219. James of the deceased from	200 AUTOPSY? 200 IF YES, WERE FINDINGS USE IN CERT IFYING CAUSES OF DEAT YES NO YES NO COUNTY CITY OR TOWN TO 19 that (1) (1) on death accurred on the date and hour and fram the couses she will be presented in the date and hour and the date and hour and the date and hour and th

STATE OF MAKTLAND



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG	NO.				

	1-	FOR STATE REGISTRAR	DEP		LTH AND MENTAL HYC ATE OF DEATH	49	3 8 3	5	
		CLIST CLIST	on NMN	Haze1to	on SR.	REG. NO	12 2 DAY 198	76 9:20)p M
	3. SEX	MAIE	BIACK		BIRTH LC H 1, 1903	6. AGE (IN YEARS LAST BIR	YRS MONTHS I	DAYS HOURS A	MRS MIN.
5		OUNIRY)	76. CITIZEN OF WHAT COUNTY	MARRIED WIDOWED	DIVORCED D	9. BALTIMORE CITY O	R COUNTY OF DEAL	н	MD.
7		estertown	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S Kent & Queen A	IRSING HOME OR STREET ADDRESS)	other institution spital, Inc.	170 USUAL OCCUPATION OF WORK FOR MOST OF		ND OF BUSINESS	J S
5	13a S	JATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE EINTY ISC. CITY OR	lasku	d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	2/620	9
C	14 FA	THER'S NAME AFIRST / E X	MIDDLE NAZEN	Tow "	MOTHER'S MAIDEN NA	MIDDLE	CX	(NSI	
			RMED FORCES? 166 SOCIAL SIVE WAR OR DATES)	SECURITY NO. 11	LEW, SH	AZETTON	Chester	#3 4000	2
		PART I. DEATH WAS CAUS	only ane cause per ling far (a), (b) ED BY: ATE CAUSE (a)	opulus	nary as	rest	BETV	PPROXIMATE INTERVAL WEEN ONSET AND DE	AtH_
		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSI	Sclerot	i Heart	- Disease			
		cause (a), stating the underlying cause last	DUE TO, ORAS A CONSI	EQUENCE OF	gestive He	ant Jailu	re		
	NOI	@ Agoternie	CONDITIONS CONTRIBUTING	let in	balance	ainal disease or con	DITION GIVEN IN PAI	RI Ita	
7	CERTIFICATION	IN DATE OPERATION	IN CONDITION FOR WI	H OPERATION	WAS PERFORMED	70a AUTOPSY?	206. IF YES, WERE FI IN CERTIFYING CAI YES [1
7		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	It. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PAR	(1 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	71e PLACE OF INJURY (AT HOME STREET, FACTORY, OF		II LOCATION STREET	CITY OR TO	wn count	TY STAT	TE
		saw the deceased alive a	n 2/2 attended the deceased from the decease from the deceased from the decease fr	Cha /	that in (my) (our) apinion	death occurred an the de	2 1984 ate and have and from	that (It (we)	
		72b SIGNATURE	Elum	DE	GREE ATTENDING PHYSICIAN [MEDICAL STAI	FF	DATE SIGNED	
		27d. PHYSICIAN'S NAME (TYPE	OR PRINT) WWW	2	20 ADDRESS Ches	restow	N MS	,	
		URIAL, CREMATION, REMOVA	1 23b. DATE	23c NAME OF CEM	ETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	14 11 6 KMC	SULT SIAT	TE J

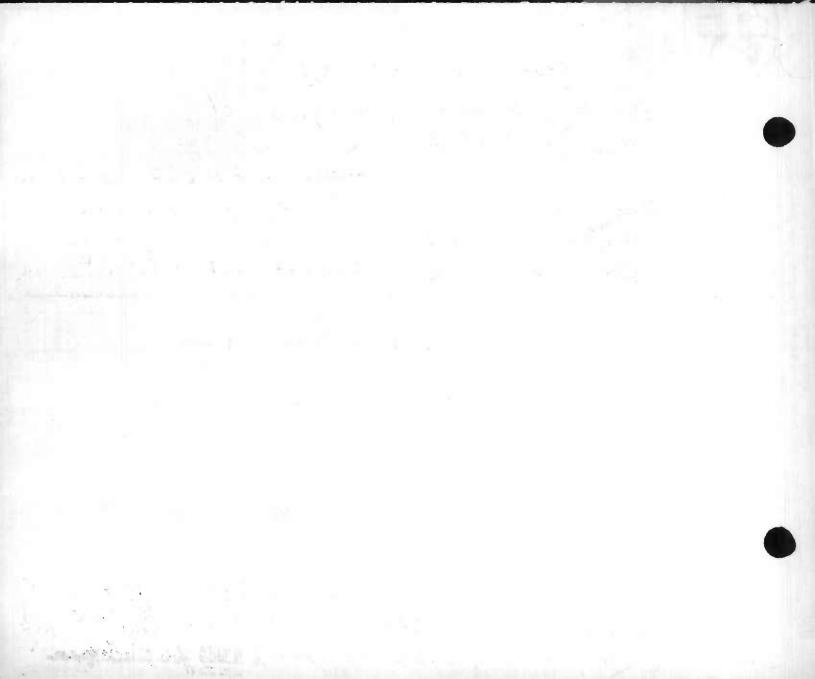
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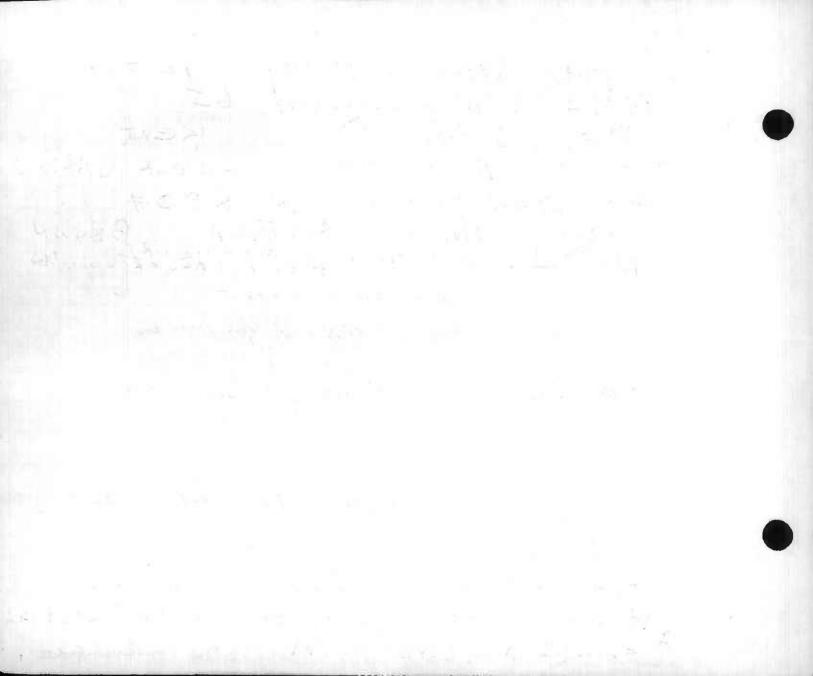
TO FUNERAL DIRECTOR

24 FUNERA) DIRECTOR

should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

IMPORTANT: If Hem 21 is morked or Item 18 sho





DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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	1 -	FOR STATE REGISTRAR			DEPARTA		ICATE OF DEA		NE 3	3 8	3 /	
1		CEASED NAME	FIRST	-	WIDDLE	1	AST			MONTH DAY	YEAR	2b. HOUR
١	(TYPE	OR PRINT)	Mary	Tina \	/irginia	Hin	efelt			12- 27-	- 84	4:25P
1	I. SEX	(4 RACE		5. DATE C		6	AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1	-	Female		Wh	ite	Sept		3	71	YRS	VINS DATS	HOURS MIN.
A		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARI	PIED 7	BALTIMORE CITY O	R COUNTY O	FDEATH	
λ		Maryla Maryla	nd	U.	S.A.	WIDOWE		CED 🗆	Ke	nt		MC
7	10. CI	TY OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL, NURSIN	O HOME	OR OTHER INSTITUT	TION I	20. USUAL OCCUPATI		12b. KIND O	F BUSINESS OR
		nestertown					Hospital	,Inc.				4.253
	13a. S	AL RESIDENCE (IF NURS) TATE Maryland	136 COU	ROTHER INSTITUTION NTY Kent	130 CITY OR TOW Rock H	'N_	136. INSIDE CITY L	LIMITS?	P. O. Bo	ZIP CODE	2160	61
1	1	THER'S NAME FIRST James Isaa	ac El	MIDDLE burn	LAST		IS MOTHER'S MA		ilda Brady		LAS	1
1	160 V	VAS DECEASED EVER	IN U.S. A	RMED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT		ADDRI	IVIAT	ryland	21661
	()	YES, NO OR UNKNOWN)	VE WAR OR DATES)	216-10-	2009	Pearl Ba	atchel	or, Rt. 1	Box 45	, Rock	k Hall	
	CERTIFICATION	gave rise to improve the couse (a), stating underlying cause PART 2 OTHER SIGN	last	(c) CONDITIONS <u>C</u>		<u>L</u> DEATH BUT	NOT RELATED TO		NAL DISEASE OR CON		N IN PART THE	
	TIFIC/	THE DATE OF GIVEN							YES NO	IN CERTIFY!		OF DEATH?
-		210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DI	AIII.	DE INJURY .M. MONTH D .M.	AY YEAR	21c. HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	(I OR PART 2)	
	MEDICAL	216 INJURY OCCUR			OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET		CITY OF TO	NWO	COUNTY	STATE
		22a 1 certify that (1) saw the deceas			ne deceased fram			r) apinion de	eath accurred an the d	ate and hour o		that (I) (we) las
		abave, (1) (we) (did) (did n	ot) view the bady	after death.		DEGREE		-		22c. DATE	
1		(Wa	h	-22	May	(ATTE PHY	ENDING SICIAN	MEDICAL STA			
		21 PHYSICIAN'S N	AME (TYPE	OR PRINT	0		22e. ADDRESS					
		BURIAL, CREMATION,					CEMETERY OR CREA		23d. LOCATION		COUNTY	STATE
		Buria	1	12/30	/84 We	sley	Chapel Co				Kent	MD
		UNERAL DIRECTOR			ADDRESS	111	ND 04/4		REC'D. BY REGISTRAR	6 1	Davidson	200
	To	om Helfenb	ein E	uneral	Home, Che	ester,	MD 2101	J J.	AN 1 U 1983	Willy	AND FERRED IN	

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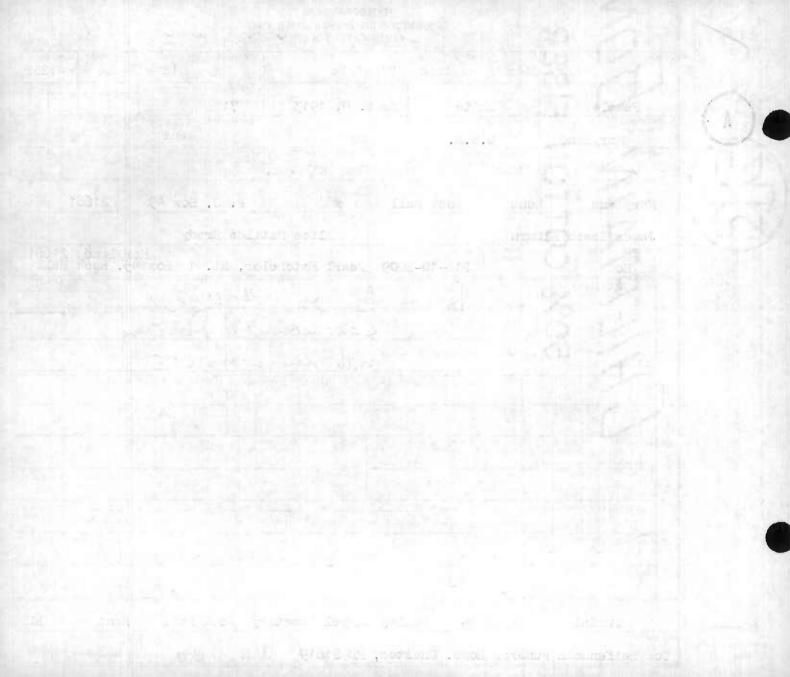
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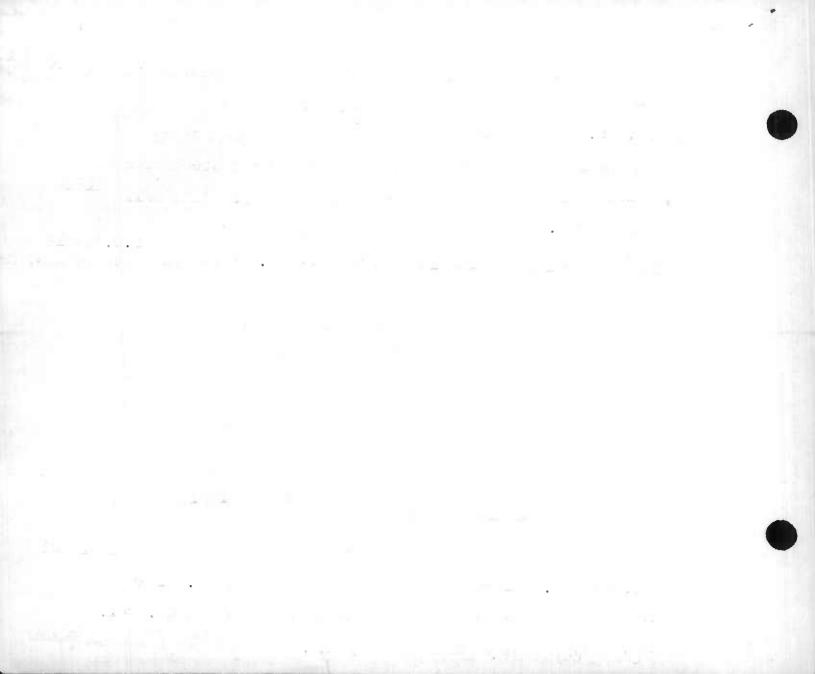
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicia should be detached for use as the burial-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar other traumatic event,

IMPORTANT: If them 21 is marked or them 18 shown only





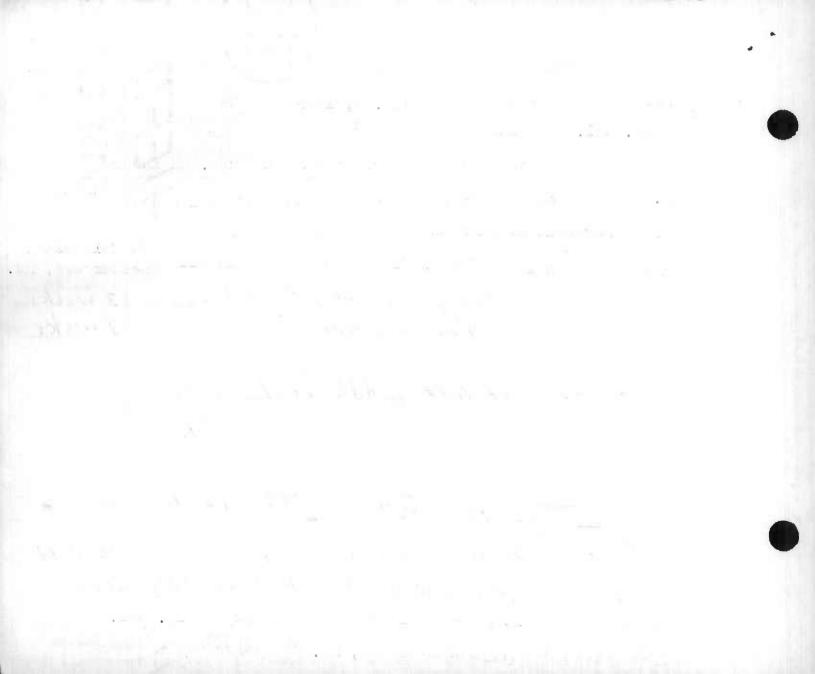
		REGISTRAR ECEASED NAME FIRST FOR PRINT)	MIDDLE	CERTIFICATE OF DEATH	REG. NO.		b. HOUR
8.0	1	Evely		Kelley	December 13,		5:35
ector. p	a Si	Female	4 RACE Cauc	5. DATE OF BIRTH ON 1975	6. AGE (IN YEARS LAST BIRTHDAY		FUNDER 24 H
no 77 has	₹6. 8	USA - MD	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Rent County	UNTY OF DEATH	
The tree	art .	hestertown	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, The Kent & Queer	ADDRESS) ANNE'S Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR HOUSEWITE	12b. KIND OF B INDUSTRY	SUSINESS
filled in rould be		JAL RESIDENCE (IF NURSING HOME OF STATE 13b, COUL	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NI SACOT HACCITY OR TOWN MASSEY	ADMISSION) 134 INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / ZIP	CODE 21450	
mpletely and 2 sh	III and	ATHER'S NAME VILLIAM	F Palmatory	15 MOTHER'S MAIDEN N Emma	MIDDLE	Colle)
be execution and co		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GT		RITY NO. 17. INFORMANT Gene Kelle	address y Massey, N	1D	1
d by the attending phease remove corban proof, cremation, or remo		Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	INCE OF MA		4 0	Pay
too. toosen signe the permit. Then priene prier to bur	CERTIFICATION	190. DATE OF OPERATION	and the L	DEATH BUT NOT RELATED TO THE TER OPERATION WAS PERFORMED	200 AUTOPSY? 200 IN	IF YES, WERE FINDING CERTIFYING CAUSES OF YES	
ding physical secreticate burial-transit Mental Hygist professional Hygist professional transitional secretical second se		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	YEAR 19	RRED (ENTER NATURE OF INJURY IN I	(EM 18 PART (OR PART ?)	
offer this os the bu hond M	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 211 LOCATION STREET	CHY OR TOWN	COUNTY	STAT
CTOR: A CTOR: A I for use of Heal		saw the deceased alive ar above, (1) (an) and (did no	attended the deceased fram_12_19_0	`	n death occurred on the date of	nd have and from the cal	ut (I) (
by the hore e detached State Dept		22b. SIGNATURE	OR PRINCIPLE OF SEASON	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIC	7-8
etained by to FUNERAL should be defined by the State MAPORTANT.		Wayne Ben		Chestert	own		
Should MPO		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	123d LOCATION		

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Chestertown, Md.

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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within 24 hours ofter

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requires that the

TO HOSPITAL OR ATTENDING PHYSICIAN: The

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1	_	STATE	
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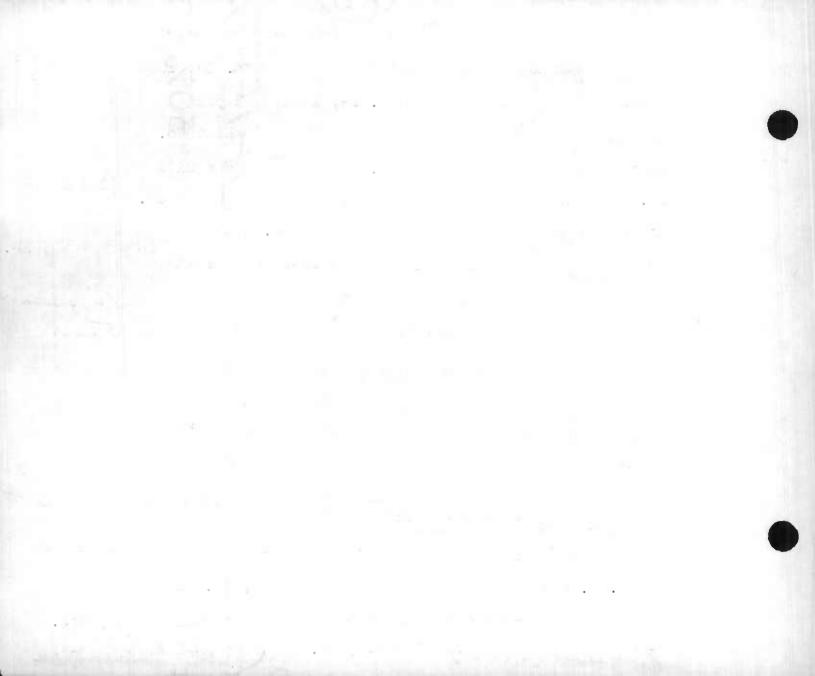
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1. DEG	CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 2a DATE OF DEATH MONTH	DAY YEAR 26 HOUR
			lene Hynson Mi	.ller	Dec. 24, 198	34 403
	3. SE	emale	*RACE white	Dec. 14, 18	92 yrs	MONTHS DAYS HOURS
35		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARR	BALTIMORE CITY OR COU	
20		estertown	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A AT Home Queen	ADDRESS)	ON 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) HOUSewife	IZb. KIND OF BUSINESS INDUSTRY
200	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 135, COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE AND THE CHESTER TOWN	A 13/ INSIDE CITY II		21620 •
10		ATHER'S NAME Lichard Dunn	Hynson LAST	15. MOTHER'S MAI	a B. Gilpin	LAST
medico	(VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, O	RMED FORCES? 166 SOCIAL SECUE		ed while living	Chestertown,
or other troumotic event, th		PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEQUE	NCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DE
٠,٧	ATION	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D			GIVEN IN PART Transport FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH:
lows ony inju	TIFIC				YES NO NO	YES NO
ed or frem 18 shows ony inju	MEDICAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	EATH HOUR A.M. MONTH DA	19 211 LOCATION		YES NO
the m		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTEY MEDICAL EXAMIN 21d. INJURY OCCURRED WHITE AT WORK AT WORK 22a.l certify that (1) (this has sow the deceased alive of	HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	Y YEAR 19 211 LOCATION STREET , 19	OCCURRED (ENTER NATURE OF INJURY IN ITEM	YES NO NO NA 18 PART I OR PART 2) COUNTY STATE Thour and from the couses state
s morked or Hem 1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this has sow the decead alive cobove, (1) (**) (did) (did)	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA (b) view the body ofter death. OR PRINT)	Y YEAR 19 211 LOCATION SIREE1 197 0 19 DEGREE ATTEN PHYS 22e ADDRESS	OCCURRED (ENTER NATURE OF INJURY IN ITEN	YES NO NO NATIONAL NO NO NATIONAL NO NO NATIONAL

DHMH - 16 50M 4/B3 (VRA 15, 4)

ellestertown, Md.



BP. DHMH - 16 50M 4/83 (VRA 15, 4)

must be notified of bace.

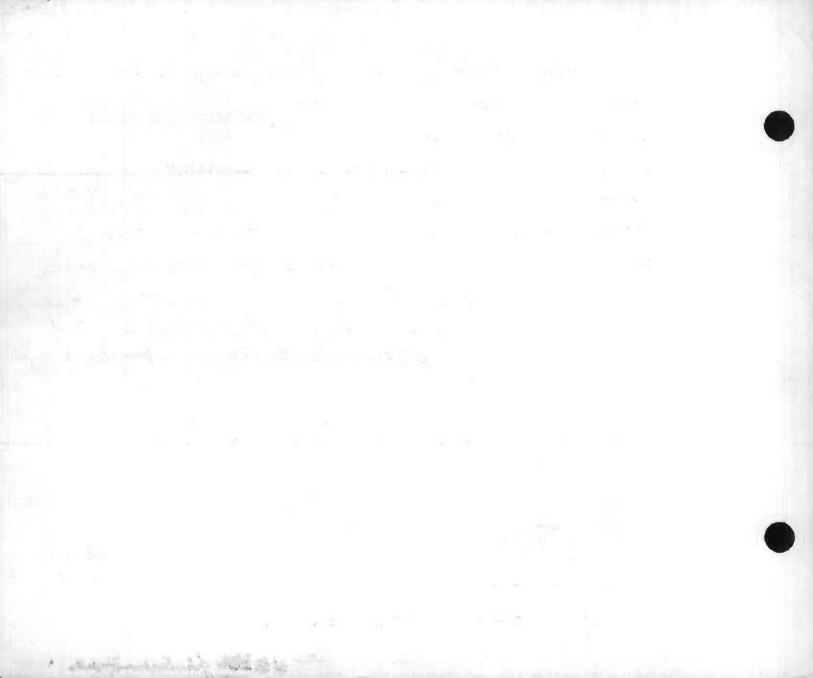
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

	1 -	FOR STATE REGISTRAR		DEPART		ICATE OF DEATH	IENE 3	3 8	4 2	3	
		CEASED NAME FIRST OR PRINT) Myrtle		ura	Pike	AST	December		34 YEAR	26 HOUR 1:40P M	
	3. SE)		4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
	F	ema1e	Whi	te	Jun	ie 22°, 1914°	70	YRS.	AONTHS DAYS	HOURS MIN.	
6		RTHPLACE (STATE OR FOREIGN COUNTRY) Delaware		States	MARRIE	D NEVER MARRIED 5	9 BALTIMORE CITY O	R COUNTY	OF DEATH	MD.	
1		ity or town of death Kent		HOSPITAL, NURSIN H FACHITY, GIVE STREET Nt & Quee		DR OTHER INSTITUTION	120. USUAL OCCUPATION OF COMMENT OF WORK FOR MOST OF HOMEMAKE	ON DE WORKING LIFE T	12b. KIND O INDUSTRY	OF BUSINESS OR	
5	USU/ 13a S	AL RESIDENCE (IF NURSING HOME O STATE 136 COU Maryland Ker	ROTHER INSTITUTION, NTY L C	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Massey	M	13d. INSIDE CITY LIMITS? YES \$\frac{1}{2} NO \leftarrow	13e STREET ADDRESS	ZIP CODE	2165	50	
6		ATHER'S NAME Willard Saul	.sbury	Pike		15. MOTHER'S MAIDEN NAM	Victorine Victorine	Cla	ark	л	
1	16a V	WAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SECU 213-78-		17. INFORMANT Hospital Re	cords, Ches		vn, Mar	yland	
2	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT		ONTRIBUTING TO		NOT RELATED TO THE TERM		20b IF YES	WERE FINDIN	NGS USED	
7	ERTIFI	710 ACCIDENT WAS UNDERLYING	7 21b. TIME O	F INJURY		21c HOW INJURY OCCUR	YES NO E	YES	S 🗌	NO [
7	MEDICAL C	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK AT WORK	HOUR A. R) P. 21e PLACE	M. MONTH D.	211 LOCATION STREET	CITY OR TOWN COUNTY STATE					
		220.1 certify that (I) (this hasp	to ttended the	19-	, a	nd that in (my) (aur) apinion of DEGREE	MEDICAL _ STA	ate and hou			
1		Michael Bey	M. D.			PHYSICIAN (X DIRECTOR PHYSIC	IAN [7	1/04	
		BURIAL, CREMATION, REMOVAI (SPECIFY) Burial	23b. DATE 12-5-			Meth. Cem.	23d LOCATION CITY OR TOWN		COUNTY	STATE	

Chesapeake City.



DHMH - 16 60M 7/84

(VRA 15, 4)

1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH O

		REGISTRAR					REG. NO.						
		CEASED NAME FIRST Elizab	eth Maria	P1un	nmer	Decemb	er 30,	1984	9:10A M				
	3 SEX	emale	white	Jani	e Birth Biary 24, 19	11 73	S LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS				
6	-	RTHPLACE (STATE OR FOREIGN COUNTRY) TO . Md/	76 CITIZEN OF WHAT COUNTS USA	WIDOWE		- Ke	BALTIMORE CITY OR COUNTY OF DEATH Kent MD						
7		nestertown	11. NAME OF HOSPITAL, NUR (IEAOT IN SUCH FACILITY, CYESTI Kent & Que	RESING HOME OF REET ADDRESS!	ne Hospita	a 1	PARTION RESTOR WORKING NESTIC	nomema	ker				
9	USUA 130 S MC	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BE INTY ROCK HA	FORE ADMISSION)	136 INSIDE CITY LIMITS		Piney I	Neck 7	1661				
0	14 FA	Carroll Sh	river		15 MOTHER'S MAIDEN	Jeanette		ns LAS	ī				
1	16a W	VAS DECEASED EVER IN U.S. AT YES NO OR UNKNOWN) (IF YES GI	IVE WAR OR DATEST	0 8647	Decease	ed while	ADDRESS livin		IMATE INTERVAL ONSET AND DEATH				
7	CERTIFICATION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE	QUENCE OF QUENCE OF TO DEATH BUT	ma	TERMINAL DISEASE C	OR CONDITION (_ 12	Thous.				
1	MEDICAL CER		HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF Dital) ottended the deceased from December 30 (at) view the body after death. OR FRINT)	19 EICE FARM, ETC.) Draw Dec	d that in (my) (our) apir DEGREE ATTENDIN PHYSICIA 27e. ADDRESS	84_,10	an the date and STAFF PHYSICIAN	COUNTY 19 84 haur and from the 22c. DATE					
	230 B	BURIAL, CREMATION, REMOVA	1/2/85		Chapel (ok Hali	1, Md.	STATE				
	24 FL	UNIERAL DIRECTOR	Of Chest	ertown	Md. 250	JANEC D. BYSE	985 25 JE	E SERVERON	Handall				

Artem schiefe Continues Born and Home geolode trust regarded in leading Chelegy Hay Ole St. Marie Division . March Lord College

law requires that the death certificate be executed within 24 hours oft

ATTENDING PHYSICIAN: The

and completely filled in by the foogs 1 and 2 shauld be filed wit

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and corshold be detached for use as the build-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

DHMH - 16 60M 7/8 (VRA 15, 4)

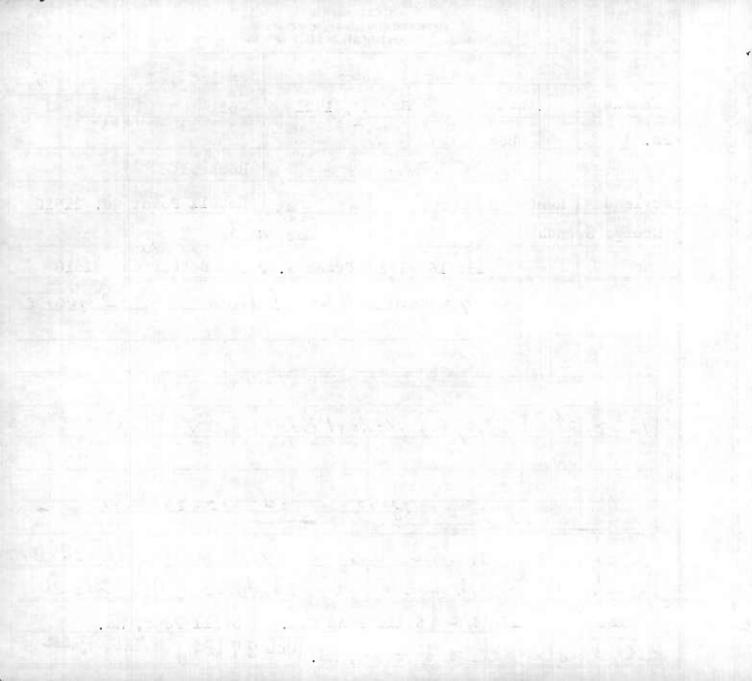
FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

913		100	_,1	
.5	.5	65	· Cont	ő.
REG. I	10	-di		
11.				

REGISTRAR			CERTIFI	CATE OF DEATH	REG. NO.		
I. DECEASED NAME	FIRST	MIDDLE	LA	AST	20 DATE OF DEATH MONTH D	AY YEAR	26 HOUR
(TYPE OR PRINT)	Elizabe	th Theresa	Pı	uleo	December 24, 198	34	12:50
3. SEX		RACE	5. DATE O	F BIRTH		F UNDER I YEAR	HOURS M
Female	3	white	May	27, °1921 **	63 YRS.		
BIRTHPLACE (STATE	OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY?		X	BALTIMORE CITY OR COUNTY	OF DEATH	
Pa.		USA	WIDOWE		Kent		
10. CITY OR TOWN OF	DEATH 11.	NAME OF HOSPITAL, NURS IN		R OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS
Chestertow		Cent & Queen Ar	ne's l	Hospital	Housewife	11110001111	
JOSUAL RESIDENCE (IF N	136 COUNTY	IER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE		
Maryland	Kent	Betterton		YES NO XX	13. STREET ADDRESS / ZIP CODE HOWELL Point	Rd.	21610
14 FATHER'S NAME	MIDE	DLE LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		AST
George S				Mary	Gigus ADDRES RFD		
160 WAS DECEASED EV	ER IN U.S. ARMED	AR OR DATES)		17 INFORMANT		. 01	610
no	+	169 16 9	9672	Frank S.	Puleo Betterto		1610
		one couse per line for (a), (b), or	id ic.	1/ - 1	1	APPRO BETWEE	DXIMATE INTERVA N ONSET AND DE
PART I. DEATH	IMMEDIATE C		our c	cell Ca. of	lung	2.	19ar
		DUE TO, OR AS A CONSEQU	ENCE OF			1	
Conditions, if a		(b)					
gove rise to couse (a), ste		DUE TO, OR AS A CONSEOU	ENCE OF				
underlying co	use lost.	(c)					
	IGNIFICANT CON	NDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	EN IN PART	110
THE CALL OF ONE TO THE CALL OF						1.1505 51.10	
MO DATE OF OPE	RATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		, WERE FIND YING CAUSE	INGS USED S OF DEATH?
12.3	- 84	1510 ps47	70	hest well		5 🗆	NO 🗆
0.0 0.0 17.0 17.0 17.4 10.	UNDERLYING CAUSE OF DEATH	216. TIME OF INCURY HOUR A.M. MONTH D	AY YEAR	ZIE HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM IB PA	ART 1 OR PART 21	
(IF EITHER NOTIFY A	MEDICAL EXAMINER)	P.M.	19				
(IF EITHER NOTIFY A		21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STAI
	TWHILE			A SECTION OF PARTY			
	WORK	1	1 7	0+	(3 3 4	01	
220 I certify that	work (I) (this hospital)	ottended the deceosed from	12-1	17 19 84	10 12-24	19.86	
22a. I certify that sow the deci	t (1) (this hospital)	ottended the deceosed from 12 - 23 19 19 19 19			to 12-7 death occurred on the date and hour		e couses state
22a.l certify that	t (1) (this hospital)	12-23 19		DEGREE			
22a. I certify that sow the decabove, (1) (wo	t (I) (this hospitol) eosed olive on did (did not) vi	12-23 19- 19- 19- 19- 19- 19- 19- 19-		DEGREE ATTENDING PHYSICIAN			e couses state
22a.l certify that sow the deci	t (I) (this hospitol) eosed olive on did (did not) vi	12-23 19- 19- 19- 19- 19- 19- 19- 19-		DEGREE	MEDICAL STAFF		e couses state
22a. I certify that sow the decabove, (1) (wo	t (I) (this hospitol) eosed olive on did (did not) vi	12-23 19- 19- 19- 19- 19- 19- 19- 19-	- h	ATTENDING PHYSICIAN 27e ADDRESS	(MEDICAL STAFF DIRECTOR PHYSICIAN D		e couses state
22a. I certify that sow the decabove, (1) (wo 72b. SIGNATURE 22d. PHYSICIAN)	WORK (I) (Ihis hospitol) eosed olive on order (Interpretation of the control of	rew the body ofter death. Senjam 1 23b. DATE 23c.	~ M.I	ATTENDING PHYSICIAN PHYSIC	MEDICAL STAFF DIRECTOR PHYSICIAN	12- 12-	
22a. I certify that sow the decabove, (1) (was 22b. S) GNATURE	WORK (I) (Ihis hospitol) eosed olive on order (Interpretation of the control of	rew the body ofter death. Senjam 1 23b. DATE 23c.	~ M.I	ATTENDING PHYSICIAN PHYSIC	(MEDICAL STAFF DIRECTOR PHYSICIAN D	220 DAT 12- 2000NIV Md.	re couses store E SIGNED 24-8 1620



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	DEPAI	CERTIFICATE OF DEATH &	GIENE 3 3 8	end one
	1. DECEASED NAME FIRST	MIDDLE	LAST	ME OI	DAY YEAR 26 HOUR
	Nell	Jo	Sullivan	December 30, 19	84 3:42 M
A	FEMALE	CAUC.	DENH 29 DAY 1932	52 YRS.	MONTHS DAYS HOURS MIN.
1	GATINAYK, VA	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY Kent	OF DEATH MD.
1	10 CITY OR TOWN OF DEATH Chestertown	(IF NOT IN SUCH FACILITY, GIVE STE	RSING HOME OR OTHER INSTITUTION REET ADDRESS! Leen Anne's Hospital	120 USUAL OCCUPATION (TYPE OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY ME
)	USUAL RESIDENCE (IF NURSING HON	NE OR OTHER INSTITUTION GIVE RESIDENCE BEI	FORE ADMISSION)	13. STREET APPRESS BAYSON	IDE AVE.
)	14 FATHER'S NAME JOHN	MIDDLE	15 MOTHER'S MAIDEN NO.		ATHERMAN
	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SE S. GIVE WAR OR DATES) 229-36		LLIVAN husband	same
	PART I. DEATH WAS CA	DUE TO, OR AS A CONSE	ovence of Sulmonary Cur	nsa ext	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Minutes 8 Gaurs.
5		nt conditions contributing :	TO DEATH BUT NOT RELATED TO THE TER. THE LUNG C ICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YE	DULUMENT SUSED S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
		F DEATH HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 1	PART 1 OR PART 2)
	OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM 21d INJURY OCCURRED WHILE NOTIFY MILE AT WORK AT WORK	21¢ PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	ICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased alive above, (1) fire (did) (e an 1 view the basy after death.	9 84 , and that in (my) (aux) apiniar	ta 040 30	19 that (I) (mollast ir and from the causes stated
1	22b. SIGNATURE Garage 22d. BHYSICIANI'S NAME (1)	1. Colauro	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	Dec 3D, APY
	Charles	? Adamo M	.D. Ches	tertown, M	1.
	230 BURIAL, CREMATION, REMO		GRACELAWN MEM.	WITHINGTON,	Nouc. DEL'ATE
	FELLOWS F.H.	226 E. MAINORS	ST CECILTON, NOA	TE REC'D. BY REGISTRAR 25 REGISTAL 25 REGI	Par's signature

DHMH - 16 60M 7/B4 (VRA 15, 4)

to FunERAL DIRECTOR A should be detuched for use with the Stote Dupt, of Hear MPORTANT II BE

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- 1	1 1		CEASED NAM	\E	FIRST			WIDDLE			LAST		2a	DATE	NOWN	I MOI	NTH DA	Y YEAR	2h HOUR
	w	(TYP	E OR PRINT)		SHIRLE	ZVZ		MARY		TAT	ILSON			OF DEATH	ESTI- MATED	v 7	4	19 84	
	E SESSE	3. SEX		14. RACE			OF BIRTH	I.TAT/T	6. AGE (IN YE		IDER 1 YR. IF U	UNDER 24				MON	_		2d HOUR
	200		male	Bla	P 1	MONTH 7	13	YEAR 48	LAST BIRTHD	AY) MONT				ONOUN	CED	1	1 13	1984	12:5
	3/22p		RTHPLACE		ick		EN OF WH			RS.			32 9		ORE CITY			FDEATH	I PM
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	250		Marylar		ru	11 NIAAA	U.S.		SING HOM	WIDOW	ER INSTITUTION	IVORCED				-		KIND OF BU	ISINESS
	NEW BERN			OFDER	"	LIENO	T IN SUCH FAC	BUTY GIVE ST	REET ADDRESS)		Stillpo		Unem	ST OF WORL	(ING LIFE)			OR INDUST	RY
	DE TO	VISITA	Vorton	()E ()A A ()	SING HOME OF	STI.	TTOOL	a CIE	BEFORE ADMISS	IONI CT	eek Rd.	na	Orieni	610A	eu				
21201	RETAIN PAND 3 - RETAIN HOULD HOULD	13a. S	ryland		Kent	Y		Wor	ORTOWN		139 INZIDE CITA FI	IMITS? 1	Rt.	1 ADDRE	ss sox 1	79		216	78
BALTIMORE, MD.	H. 7. 2. 7. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	14. F/	ATHER'S NAM	E		MIDDLE			LAST		15. MOTHER'S FIRST		NAME	М	IDDLE	1		LAST	
M,	A PM A PM	1	Norri	S		A.			lson		Mar	-						Stout	5
MO	- 25 - 0"		WAS DECEAS		N U.S. ARM			16b. SOC	IAL SECURIT		17. INFORMAN		300	- 18	ADDRE				
E .	S AFTER GIVE PA TITH FOR IVISION		VO			•		219	-46-9	362	Medica:	l Exa	amine	rs C	ffi.c	e, 1	11 F	Penn S	t.
	£ w ≥ r.o.		18. CAUSE				se per line	for (o), (b)	, ond (c).)			11.70				773	- 1	APPROXIMAT	E INTERVAL
IS N	24 HOU ITEM 18 LONG PERMI PERMI GIENE,		PARTIC		AS CAUSED IMMEDIAT		(0)	Und	etermi	ned	-	75							
STO	ITHIN 24 CIL IN ITE VER ALON ANSIT PEI AL HYGIE REMOVA				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			AS A CON	ISEQUENCE	OF							87		
oc O	WITHIN SINCIL IN AINER A TRANSIT NTAL HY	133			ny, which immediate		(b)												
×.	PENCIL PENCIL TRANSFER L- TRANSFER AENTAL PLOR REA		couse (o) stating	the under-	DI	JE TO, OR	AS A CON	SEQUENCE	OF				14					
201			lying co	ouse lost.			(c)										25		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	E EXECUTE DING" IN DICAL EX A BURIA TH AND A EMATION		PART 2 OTHER	SIGNIFICANT	CONDITIONS	ONTRIBUTIE	G TO DEATH I	BUT NOT RELA	TEO TO THE TERM	MINAL DISEAS	E OR CONDITION GIV	VEN IN PART	1 (a).	100					
Ö	"PENDING "PENDING EF MEDICAS SED AS A BI SED AS A BI S	NO																	
ec	70 0 0	CERTIFICATION	19a. DATE C	F OPERA	TION	19	b. CONDIT	ION FOR	WHICH OPE	RATION	AS PERFORMED	D?	-11-				2	0 AUTOPSY	?
¥	오유투학생동	Ĕ	107															YES 🗌	NOX
. ¥	CERTIFICATE SHE LITING THE WOR DED TO THE CH E 3 SHOULD BE U S DEPARTMENT OF	1 %	21a. EXTERN				b. TIME OF		DAY YEA		OW INJURY OC	CURRED	ENTERNA	TURE OF IN.	URY IN ITEM	18 PART I	OR PART 2)		
N N	A ARTW		UNDERLY IN	IG UC	AUSE OF D	EATH	P.M.	-	19	`	?								
/ISIG	TING TING 3 SH DEPA PRIC	MEDICAL	21d. INJURY	OCCURR	ED		e PLACE C	ORY, FARM, E			CATION	1000	Will de	CITY OR TO			COUNTY	(bud)	STATE
5	WRITING WRITING /ARDED AGE 3 SI AGE 3 SI ATE DEP	2	WHILE AT WORK	NOT V	WHILE [?	OKY, FARM, E	IC.)		2			CITY OR TO	WN		COUNTY		STATE
	E, VRWARWARE, PASTA STA					(4)		- 1h - J - h -	1.11	Autop			[X],	Inquiry			ny opinio		
	A A S S S E S								ve, held on	vicide _				mined mo	[X	3	ту ортно	п	
	REC BE		death resu	Ited from:	Noture	al causes	-	Accident	L, 3	Jicide [Undeteri	minea mo	nner [1]	4			
	A. POGGE		ACTUAL		AN	1	×	2			TITLE (SPEC					D.	ATE	11-14	-84
	SE S	1	SIGNATUR		VIA	_ V		71		^	(.D. 11001.0	COLLE	MEDIC	AL EXAM	INER	SI	GNED_		
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		EXAMINER'	S NAME	Ynn	M. 1	Dixon	, M.D).		ADDRESS 1	11 Pe	enn s	st.,	Balt	0.,	Md.	21201	
	PAG PAG BALI	23a B	SURTAL, CREM							METERY C	OR CREMATORY		23d LOC			0 0			
		(Remova	. 1). R. A	12-	19-18		W. 50		Em.		CITY OR	TOWN	Tun	1	POURT I	t no	LATE
07/84 25M	BP		UNERAL DIRE	-	-	3 60	SO	/			25a.	DATE RE	C'D. BY R	EGISTRA			R'S SIGN	ATURE	1.
	DHMH - 17 (VR A15 ME (5))		Medica	Exa	miner	's Of	fice	101	nest	CAL	W. W.	EC 2	0 19	84	الفالع	David	win-Pr	andebl.	
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